

**DEPARTMENT OF CHOICE & CAREER OPTIONS**

**CHOICE PROGRAMS CAPACITY AND CURRENT ENROLLMENT FORM FY 2017-2018**

**FOR ELEMENTARY ONLY**

<b>SCHOOL NAME:</b>								
Choice Program or Academy Name	Total Current Enrollment	ETHNICITY BREAKDOWN						Total Maximum Enrollment
		W	B	H	A	I	M	

Name of Person & Title Submitting Information \_\_\_\_\_

Phone # / PX of Person Submitting Information \_\_\_\_\_

Date \_\_\_\_\_

Principal's Name & Signature \_\_\_\_\_

Date \_\_\_\_\_

**PLEASE RETURN THIS FORM TO FANNY JOHNSON BY SEPTEMBER 29, 2017.**